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Effective on 12/08/2004.
Fees a suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Complete if Known **TRANSMITTAL** For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/019,397
Filing Date	12-28-2001
First Named Inventor	Konstantinos Poulakis
Examiner Name	B. Musser
Art Unit	1733

TOTAL AMOUNT OF PAY	MENI (\$	) 1,210.00		Attorney Docke	t No.   421	20		<i>_</i>
METHOD OF PAYMEN	T (check a	ll that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 18-2220 Deposit Account Name: Roylance, Abrams, Berdo & Goodman, L.L.P.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION				······				
BASIC FILING, SEAI     Application Type	FILING	FEES Small Entity	SEAF	RCH FEES Small Entity		ATION FEE	,	raid (\$)
Utility	300	<u>Fee (\$)</u> 150	<u>Fee (</u> \$	250 <u>Fee (\$)</u>	Fee (\$)	<u>Fee (\$)</u> 100	10001	MIN 141
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		<del></del>
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEI Fee Description Each claim over 20 or, for Each independent claim Multiple dependent claim Total Claims 26 - 20 or HP = HP = highest number of total Indep. Claims 3 - 3 or HP = HP = highest number of indep	or Reissues over 3 or, ms Extra Claim 6 claims paid fo Extra Claim 0	for Reissues, one Fee (\$)  x 50.00  or, if greater than one Fee (\$)	each indep	endent claim n	nore than in	the origina Dependent C	360	Small Entity Fee (\$) 25 100 180
3. APPLICATION SIZE If the specification and for each additional Total Sheets - 100 = 4. OTHER FEE(S) Non-English Specification	d drawings 50 sheets Extra She  ication, \$	or fraction the eets Number 150 = 130 fee (no se	ereof. See mber of ea mall entity	35 U.S.C. 41(a ch additional 50 (round up to a discount)	a)(1)(G) and or fraction t	37 CFR 1. <u>hereof</u> <u>l</u>	16(s). Fee (\$) Fe  Fee (\$) Fe	ee Paid (\$) ees Paid (\$)
Other: RCE Filing	1 66 (#190	7.00) & EXICI	1310111 66	(Ψ120.00)		-		10.00

SUBMITTED BY			
Signature	May Buhr	Registration No. (Attorney/Agent) 28,770	Telephone (202) 659-9076
Name (Print/Type)			Date 8-8-2005

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